

ILLINOIS RECIPROCITY NOTIFICATION

Date of Notification: _____
(should be at least 3 days in advance of job date, 10 if no previous authorization is in place)

Applicant/Registrant Information:

Person: _____ Phone: _____

Name: _____

Address: _____

Contact person on site: _____

Licensing Authority: _____ License Number: _____

Expiration date: _____ Amendment Number: _____

Previously assigned Illinois reciprocity number (if applicable) _____

Client/Jobsite Information:

Dates of work at temporary jobsite: start date: _____ # days: _____

Facility Name: _____

Location/Address: _____

Contact: _____ Phone: _____

Proposed Use: _____

Device/Source Information:

Device Manufacturer: _____

Device Model Number(s): _____ Radionuclide(s): _____

Source Model Number(s) : _____ Activity (mCi): _____

**NOTE: Reciprocity Authorization is for no more than 180 days of use in a 12-month period.
DO NOT send payment with notification. Please wait to be billed, if authorization is granted.**

If Industrial Radiography, list (or attach) radiographer name(s) and social security number(s):

Please provide copy of your license with the initial request, upon license amendment or upon its renewal.

RETURN THIS FORM TO THE ATTENTION OF DAREN PERRERO UPON COMPLETION

Illinois Emergency Management Agency
1035 Outer Park Dr
Springfield, IL 62704-4462

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